

57443

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814① Manifest Number **015-003780****GENERATOR** (Generator Must Complete)② Name **ALUMINUM CO. OF AMERICA VERNON WORKS**EPA NO. **C A D 0 7 4 1 2 6 6 8 1**Address **5151 ALCOA AVE** Phone No. **588-6141**City, State, Zip **VERNON, CA. 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES INC.**EPA NO. **C A D 0 8 0 0 1 2 0 2 4**Address **900 N. POTRERO GRANDE DR.**City, State, Zip **MONTEREY PARK, CA.**④ Alternate TSD Facility  
**CHEMICAL WASTE  
MANAGEMENT INC.**SFUND RECORDS CTR  
999000971Name  
EPA NO. **C A T 0 0 0 6 4 6 1 1 7**Address **P.O. BOX 1104 430 W. ELM AVE.**City, State, Zip **COALINGA, CA. 93210**


⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY **#7** ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material <b>100</b> %		

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **ALUMINUM OXIDES & WATER**⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other \_\_\_\_\_

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802⑬   
Signature of Authorized Agent and Title⑭ **3-23-82**  
Date Shipped**TRANSPORTER** (HAULER MUST COMPLETE)⑭ NAME **ASBURY OIL CO.**EPA NO. **C A D 0 2 8 2 7 7 0 3 6**ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**CITY, STATE, ZIP **Gardena, California 90249**⑮   
Signature of Authorized Agent and Title⑯ PICK-UP DATE **3-23-82**TIME \_\_\_\_\_ ☐ AM ☐ PM**3-23-82**

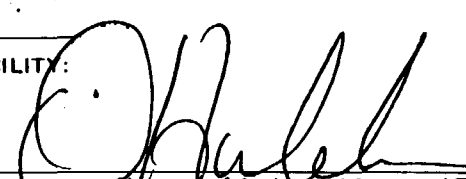
Date

**TSD FACILITY** (FACILITY-OPERATOR MUST COMPLETE)⑰ NAME **OPERATING INDUSTRIES INC.** ⑱ QUANTITY (If Measured) **100 BBL**EPA NO. **C A T 0 8 0 0 1 2 0 2 4** ⑲ STATE FEE (If Any) \_\_\_\_\_

PHONE NO. \_\_\_\_\_

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: \_\_\_\_\_

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

⑳ NAME  
EPA NO. \_\_\_\_\_㉑   
Signature of Authorized Agent and Title㉒ **3-23-82**  
Date Accepted㉓ HANDLING OR DISPOSAL METHOD:  
☐ Surface Impoundment ☒ Landfill  
☐ Injection Well ☐ Land Treatment  
☐ Treatment (Specify) \_\_\_\_\_  
☐ Recovery or Reuse ☐ Storage/Transfer